		CLAIMS AS	• Column)			mn 2)		SMALL EN		OR	OTHER SMALL		
TOTAL CLAIMS			NUMBER FILED					RATE	FEE	]	RATE	Γ	
FOR		NUME			NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE			
TOTAL CHARGEABLE CLAIMS			46 minus 20=		. 26			X\$ 9=		OR	X\$18≔	ſ	
INDEPENDENT CLAIMS			Z minus 3 =		-			·X40=		OR	X80=	Ì	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	l	
• If	the difference	in column 1 is	less than ze	ero, ente	r <b>"0</b> " in c	olumn 2		TOTAL		OR	TOTAL	ŀ	
'n	21-05	LAIMS AS A	MENDED		( <b>T   </b> mn 2)	(Column 3)	,	SMALL	ENTITY	OR	OTHER SMALL		
MAN		CLAIMS REMAINING AFTER		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE		
AMENDMENT	Total	· 40	Minus	1.2	0	=	1	X\$ 9=		OR	X\$18=	I	
MEN	Independent	. 3	Minus		3	=		X40=		OR	X80=	I	
_	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		J	+135=		OR	+270=	I	
								TOTAL			TOTAL	ł	
		<b>10</b> -1		(C=1::	mn 2)	(Column 3		ADDIT, FEE		J ~,	ADDIT. FEE	ł	
MT B		(Column 1) CLAIMS REMAINING AFTER		HIG NUA PREVI	HEST IBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE		
AMENDMENT	Total	AMENDMENT .	Minus	**	<del>TON</del>	=	1	X\$ 9=		OR	X\$18=	İ	
	Independent		Minus	•••			]	X40=		OR	X80=	ł	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J				070	ł	
				•				+135=		OR	+270= YOTAL	ļ	
								ADDIT. FEE		OR	ADDIT. FEE		
		(Column 1)	· · · · · · · · · · · · · · · · · · ·		mn 2) HEST	(Column 3	4					,	
ENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	i	NUA PREVI	ABER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE		
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	۱	
9	Independent	·	Minus			]-	-	X40=		OR	X80=	1	
5	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIN		J	+135=		OR	+270=	1	
AMEND		ımn 1 is less than 1	the entry in col	umn 2, wri	to "O" in c	otumn 3.		TOTAL		OR	TOTAL	I	
AM .	If the entry in colu	mher Provincely F	aid For IN TH	IS SPACE	is less th	an 20, enter "2) an 3. enter "3."		ADDIT. FEE		•	ADDIT. FEE stamo 1.	1	
: :	If the Trighest Nu	imber Previously Pa mber Previously Pa	aid For (Total o	or Indepen	dent) is th	e highest numi	er to	Ame on me ob	hickness oc				

Application or Docket Number